(In accordance with Act 279, Public Acts 1995 as amended)

STATE OF MICHIGAN THE OFFICE OF RACING COMMISSIONER

COMPLAINT

NAME				DATE
ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	OTHER			DATE
()				
COMPLAINT NARRATIVE				
COMPLAINTANT/EMPLOYEE SIGNBATURE				DATE
Commenter to the digital form				

COMPLAINT PROCESS

A.	COMPLAINT SENT TO	DATE	i.
B.	COMPLAINT REVIEWED BY	DATE	:
C.	COMPLAINT ANSWERED BY	DATE	:
RES	SPONSE NARRATIVE		
DA	TE COMPLAINT ORIGINAL FILED		